



## WORK SHEET

### Module 5.2

### Collision Information Form

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Name \_\_\_\_\_ Date \_\_\_\_\_

Score \_\_\_\_\_

### Take Home Assignment

You will need information about your family vehicle (one) and insurance company.

Complete all the information on the form shown on the reverse side:

INFORMATION ABOUT ME

COLLISION INFORMATION EXCHANGE

Use this information card to record key information about you and your vehicle that could be given to the other driver involved in the collision.

Over

**INFORMATION ABOUT ME**  
**COLLISION INFORMATION EXCHANGE**

Use this card to provide key information about you and your vehicle to  
the other driver involved in the collision

Date\_\_\_\_\_

Name\_\_\_\_\_

Address\_\_\_\_\_

\_\_\_\_\_

Telephone Phone \_\_\_\_\_

Driver License State and Number\_\_\_\_\_

Name of Insurance Company\_\_\_\_\_

Year and Make of Vehicle\_\_\_\_\_

Vehicle License Number and State\_\_\_\_\_

**INFORMATION ABOUT YOU**  
**COLLISION INFORMATION EXCHANGE**

Use this card to obtain key information about the other driver and  
their vehicle involved in the collision

Date\_\_\_\_\_

Name\_\_\_\_\_

Address\_\_\_\_\_

\_\_\_\_\_

Telephone Phone \_\_\_\_\_

Driver License State and Number\_\_\_\_\_

Name of Insurance Company\_\_\_\_\_

Year and Make of Vehicle\_\_\_\_\_

Vehicle License Number and State\_\_\_\_\_

**COLLISION  
WITNESS/PASSENGER STATEMENT**

Please help the driver by filling out this card.

Date\_\_\_\_\_

Name\_\_\_\_\_

Address\_\_\_\_\_

\_\_\_\_\_

Telephone Phone \_\_\_\_\_

Did you see the collision?

Were you involved?

Was anyone hurt?

Were you a passenger in this driver's vehicle?

Were you hurt?

Where were you seated?

**COLLISION  
WITNESS/PASSENGER STATEMENT**

As you saw it, what happened?